

Background

The Transition to Retirement Working Group was established by the Membership Engagement Committee (MEC) to identify the issues and needs of late career psychiatrists approaching the end of their working careers.

The Working Group's objectives were to consider how best to assist members' transition to retirement, including maintaining regulatory CPD requirements, identify ways to maintain access to their collective wisdom and experience, and cater to the differing requirements of members in public, private and academic careers.

The Working Group was tasked with identifying and making recommendations to the Board via the MEC on the appropriate types of support and resources the College could provide to members as they move towards retirement.

Thank you to the members of the Working Group for their involvement and contribution, particularly as retired members or whilst transitioning towards retirement themselves.

- Dr Joanna MacDonald (Chair 2024-25)
- Dr Lifeng Cheng
- Dr Graeme Croft
- Dr Franco Giarraputo
- Dr Saddichha Sahoo
- A/Prof Chanaka Wijeratne
- Dr Nick O'Connor (Chair 2022-24)
- Dr Brian Craig
- Dr Mary Frost
- Dr Prue McEvoy
- Dr Jo Topp

Member surveys, experiences and data collected

In 2023, a 36-question quantitative survey was completed by 479 members (16.8% response rate of 2,850 invited members), to gather data on the retirement planning and support needs of members aged 55 years of age or older.

Further, in 2024, 20 Fellows were selected to either participate in a follow-up interview with Dr O'Connor and Dr MacDonald (12 participants) or complete a written survey (8 participants), to gather qualitative data to better understand the journey and experiences of retired Fellows and members transitioning to retirement.

Presentations by the Working Group at the 2024 Congress and the 2024 New Zealand Conference gathered further data through audience contributions to specific discussion topics.

Drawing this rich set of data and feedback together, the Working Group prepared ten recommendations that were approved by the Board in May 2025. These are listed below.

Thank you to all College members who participated in and contributed to this project.

Recommendations for supporting retired and late career members

1. Consider options to establish a future Special Interest Group or Network.
2. Improve web-based content on retirement.
3. Establish a retirement stream within the RANZCP Mentoring Program.
4. Facilitate member-led activities and social events for retiring and retired members.

5. Recognise and celebrate members' contributions to psychiatry.
6. Advocate, through the College, with regulatory authorities and employers, on matters concerning late career and retired psychiatrists.
7. Encourage financial planning throughout members' careers in preparation for retirement.
8. Offer retirement planning education to members across their career.
9. Consider further College conference fee reduction options for retired members.
10. Continue to gather data to support and meet the evolving needs of members transitioning towards retirement and in retirement.

An explanation of the details and rationale for each recommendation is provided in the remainder of this paper.

1. **Future College Special Interest Group (SIG) or network** – Consider options to establish a formalised College group focused on the broad interests of late career and retired psychiatrists. Such a group would provide a forum for late career psychiatrists to seek advice from peers about age-specific professional development, address issues relevant to transitioning to retirement, and maintain social and College connections.

Advocacy and cultural considerations should be included in the Terms of Reference. The challenges of professional ageing for psychiatrists from Aboriginal and Torres Strait, and Māori backgrounds, rural psychiatrists and specialist international medical graduates should also be considered within the scope of any future group.

A formal group would ensure that a focus on issues relevant to late career and retired psychiatrists would continue within the College, and could be responsible for the development and implementation of recommendations in this document, including:

- advocacy for late career and retired psychiatrists;
- social engagement and recognition;
- facilitating the mentor program for late career psychiatrists; and
- education about transitioning to retirement.

Rationale

There is a growing cohort of late career psychiatrists, with 2,850 College members aged 55 years or older when the Working Group surveyed members in 2023. This is a group that has been neglected. A special interest group for late career psychiatrists could provide a similar support role to that of the Section of Early Career Psychiatrists as members approach the end of their career and face challenges of a different nature.

Data from the survey:

- some respondents would like access to:
 - a retired psychiatrist group for advice and guidance.
 - a retired psychiatrists' network to check in/keep in touch.
- An online networking/support group for psychiatrists approaching retirement to share ideas and support one another was also suggested.

An online and social media component could be incorporated into a late career psychiatrists SIG. Consideration would need to be given to how the College would moderate this.

An online networking/support group could be useful, particularly for social media users, and helpful for rural members. If not considered currently, it may be beneficial to establish in the future for a more tech-driven generation of retired members.

2. **Improved retirement website content** – Create and maintain new dedicated web content, including peer-led and experiential digital content. Collate available literature, resources and checklists that focus on retirement themes and considerations. Better promote, profile and aggregate information about activities outside of medicine after retirement, as well as ways to stay involved in and contribute to the College.

Rationale

Data from the survey:

- Recommendations from respondents included:
 - Resource development to assist with retirement planning, including a College webpage on retirement;
 - vignettes on different ways Fellows have retired;
 - an information sheet on transitioning to retirement.

Improved website content could support the retiring psychiatrist's transition and experience. The current RANZCP retirement webpage, particularly when compared to other colleges, does not engage members who may be planning for or transitioning to retirement, or provide any advice or guidance, and is lacking in supportive language and content.

Specific information and content recommended for inclusion:

- Planning for retirement, transitioning into retirement, and post-retirement.
- Personal wellbeing, identity, grief, legacy, life after psychiatry, benefits of retirement.
- Meeting CPD requirements when winding down a career.
- Ways to stay involved in and contribute to the College.
- Peer-led and experiential information and content, such as podcasts and vignettes.
- Retirement checklists and planning resources.
- Promote activities outside of medicine after retirement, such as through a bulletin board.

3. **Mentoring** – Establish a retirement stream within the existing RANZCP Mentoring Program to support those transitioning into retirement, that pairs them with other transitioning or retired members providing advice and insight into retirement planning, the process, making the transition and adjustment to life beyond their psychiatry career.

Rationale

Data from the survey:

- Some respondents suggested the opportunity to be connected to a mentor, noting:
 - Retired mentor can assist with those transitioning.
 - Can provide a retired mentor with a new focus.
 - Those in rural areas have less access to peer groups, no tribe around them for support.
 - A discussion group /panel of people who have retired or partly retired and how they managed, hidden pitfalls etc.

A lighter, less-structured program stream within the RANZCP Mentoring Program is suggested to allow members who are planning for, or transitioning to, retirement to meet with similar members for advice and support.

This could be particularly beneficial to those who may have fewer contacts, such as private practice, rural and overseas-trained psychiatrists – they could be matched with those with similar demographics, where possible.

The program could address some of the issues shared by members such as feelings of responsibility for patients, guilt, loss of identity, difficulty letting go, grief as well as practical issues and exploring new opportunities.

Retired members could volunteer to act as mentors and share their own experiences and advice, providing them opportunity to still be involved with the College, give back to the profession and continue to feel valued as a senior psychiatrist.

4. **Social options and member-led activities** – Encourage and facilitate member-led activities and social events for retiring and retired members (e.g. Congress/Faculty/Branch dinners).

Rationale

Data from the survey:

- When asked what would make it more attractive to engage in psychiatry-related activities post-retirement, a number of respondents mentioned peer support / social connection, while others noted valuing senior psychiatrists.
- One member commended the Victorian Branch on their psychotherapy project “which interviewed retired psychiatrists / psychotherapists; is good for posterity, but also good for juniors. It includes a dinner... Something that brings people together is a good idea.”

Opportunities for retiring and retired members to socialise, share retirement stories and advice, and celebrate their careers could be made available through lunch or dinner events held at Congress, conferences or branch meetings.

A self-funded retirement dinner is being planned for Congress 2025 and we encourage this to be an annual Congress inclusion.

We recommend branches consider hosting retirement celebration dinners for members at a local level as part of their annual events program, where feasible.

An additional consideration for connecting members could be a College-moderated bulletin board on the retirement webpage for members to share external activities and events for social connection with other like-minded psychiatrists (e.g. Australian Doctors’ Orchestra).

5. **Recognition** – Expand existing College programs, publications and local activities that acknowledge and celebrate members' lifelong contributions to psychiatry.

Rationale

Data from the survey:

- A symbolic activity to recognise retired members, i.e. "you're part of our tribe still" was suggested as a type of acknowledgement retired members would like to receive.

It was noted by the Working Group that College members are recognised and celebrated earlier in their careers, particularly upon gaining Fellowship, however retiring psychiatrists are rarely acknowledged by the College. The careers and contributions of retiring members should be shared and celebrated as they come to end of their working life, rather than at the end of their lives through obituaries.

Suggestions for ways retired members could be recognised at the end of their career include:

- Public acknowledgement of the year's retired members during the AGM.
- Recognition in *Australasian Psychiatry* or College news item via a list of retired members, including place/area of work.
- Careers reflections articles profiling retired members or quotes in a publication such as *Australasian Psychiatry*.
- Annual retirement celebration event at a Branch level to celebrate the careers and contribution of Fellows.
- Invitations to speak about career at a branch level or contribute to committees/working groups.

6. **Advocacy for late career and retired psychiatrists** – College advocacy with regulatory authorities for flexibility to enable psychiatrists who are not practising clinically to participate in or continue certain activities, such as mentoring, teaching, research and advisory roles.

College support to advocate through unions and employers for late-career psychiatrists to facilitate more work flexibility; discontinue on-call mandates; and ensure appropriate succession planning.

Rationale

The current definition of 'practice' by the MCNZ and Ahpra severely limits what activities may be undertaken in retirement. We suggest clearer guidance be sought to support members who wish to remain active in medicine once retired from specialist psychiatry practice.

Advocating with the regulators to allow flexibility for non-practicing psychiatrists to participate in or continue certain activities, such as teaching, research, mentoring and other opportunities that enable a sharing of knowledge and experiences is also recommended. This is particularly relevant in light of current workforce shortages.

Data from the survey relating to continued involvement in medicine for non-practicing psychiatrists and CPD requirements:

- Respondents highlighted issues with CPD as barriers to engaging in psychiatry-related activities post-retirement.
- Some suggestions members made related to CPD:
 - Information or resources on CPD requirements;
 - Clarity on 'non-practicing' vs 'retired'; and
 - Changes to requirements to allow continued teaching or mentoring.

Systems can have an impact on the retirement process and experience. Aotearoa/New Zealand particularly seems to experience workforce issues relating to mandatory on-call requirements and its impact on workforce retention. Considerations should be given to how health services can take care of senior medical staff and preserve their wisdom and experience in a way that creates, attracts and retains the workforce. Advocating for more flexible work options and reduction in on-call requirements could support those transitioning towards retirement, while also assisting to reduce the potential for premature retirement among psychiatrists. The College could support advocating through unions (e.g. ASMOF and AMA in Australia, ASMS in Aotearoa/New Zealand) and employers for late-career psychiatrists to facilitate more work flexibility; discontinue on-call mandates; and ensure appropriate succession planning.

Cross-cultural perspectives on professional ageing and retirement should be considered in any College advocacy work such as retirement not considered in Māori due to the experience of elders being respected and sought after.

Data from the survey relating to flexible work options:

- "As an administrator in public psychiatry, we need access to more psychiatrists so important to find ways to keep Fellows in the workforce."
- Some respondents noted part-time options or flexibility could assist psychiatrists transitioning toward retirement, such as the "College advocating for roles within public hospitals and institutions where senior psychiatrists can work part time or have flexible arrangements or have the possibility of not doing so much on call."

7. **Financial planning for retirement** – Encourage members to consider financial planning at the earliest stages of their careers as well as throughout their psychiatry career in preparation for retirement.

Rationale

Data from the survey:

- Financial information or support was suggested to assist members planning their transition toward retirement in the future.

The Branches were contacted by the Working Group to see if they are currently providing any financial guidance to their members, with only one already considering including something of this nature. Many branches noted they would support a College initiative facilitating financial guidance to members across career stages.

We recommend including the need for financial planning and advice as part of Branch CME and/or College webinars, with education tailored not only for those later in their careers but early career psychiatrists as well. The education could cover post-retirement insurance and medico-legal information, which survey participants highlighted as other areas they would like support with.

We propose that the College also consider engaging with reputable financial providers for conference booth sponsorship to allow members to speak with them directly at events for financial guidance.

- 8. Retirement education** – Deliver an annual Congress workshop or College webinar on planning for retirement, developed for a wider audience across their career, not just those nearing the end of their career.

Rationale

From the survey:

- Some respondents suggested webinars/education/seminars as something the College could offer to members planning their transition toward retirement.
- Forward planning was suggested to assist psychiatrists transitioning toward retirement.
 - “Start early - planning should begin mid-career if not sooner related to issues such as relationships, finances, health and leisure activities.”

A placeholder could be considered for inclusion on the annual Congress or conference programs as a theme or topic for abstract submissions on retirement. A regular retirement webinar available to members at all stages of their career could also be considered.

Suggested areas to cover through the education provided could include: early planning, planning checklists, winding down/transitioning towards retirement, closing a practice, succession planning, steps to retire from the College and medical regulator, examples of ‘successful retirement’, developing emotional and social resources.

9. **College conference fee reduction options** – Investigate options for a further reduction of the cost of full-program or day registrations for retired members to better maintain their connection to psychiatry, the College and former colleagues.

Rationale

From the survey:

- 75.8% of members who are either fully or partially retired still attend either College or non-College psychiatry events or activities, with a number still attending conferences.
- Free conference entry to reconnect with colleagues or stay up-to-date with psychiatry was suggested as something the College could consider for retired members.

An increased discount to attend College conferences would be recognition for retired members and enable them to remain connected with the College and the profession. Alternatively, partial registration might be considered to allow access to specific presentations of interest, rather than a full day or entire program.

In considering these options, please note that retired public psychiatrists will no longer be supported by their workplace to cover costs to attend conferences.

As an example for consideration, the Australian & New Zealand College of Anaesthetists (ANZCA) offers complimentary registration at ANZCA annual scientific meetings [for retired Fellows](#).

10. **Ongoing needs analysis of late career members** – Following on from the 2023 member surveys, continue to look at the needs and experiences of late career and retired psychiatrists through smaller-scale surveys and data gathering.

Rationale

To support and meet the evolving needs of members transitioning towards retirement and those in retirement, we recommend that the College continues to survey these members on a smaller, less resource-intensive scale. Some options to deliver this could include:

- Questions on planning for retirement as part of a future College-wide member census survey.
- A section on the FRANZCP Declaration of Retirement form to provide suggestions or feedback when the member formally notifies the College of their retirement.
- Opportunity to provide input through retirement education sessions.